

# ELECTRONIC ACH AUTHORIZATION

**Signature Information:** By signing below, I authorize my employer, (name of employer here), or agent to send electronic payroll entries to my account and adjusting credit and/or debit entries as necessary in accordance with United States law.

**Debit Account Owner:** *I authorize my employer or agent to access my account with ACH entries (Account owner must sign)*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

### Bank Information (Required)

Required Information	Send Entries To My Account At:
Institution (bank) Name:	
9-Digit Bank RTN #:	
Name on Account:	
TIN (SS# or EIN)	
Account #:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

**Termination Information:** Account owner may stop the entries by contacting his or her employer 5 days prior to the entry. Otherwise, the next scheduled transfer will be stopped.